

REQUEST FOR WITHDRAWAL

**AS ATTORNEY OR AGENT** 

IFW

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Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**Filing Date** 

Group Art Unit

**Application Number** 

**First Named Inventor** 

## **Examiner Name** Attorney Docket Number To: Assistant Commissioner for Patents Washington, DC 20231 I hereby apply to withdraw as attorney or agent for the above identified patent application. The reasons for this request are: Mandatory withdrawal due to my employment by the United States Patent and Trademark Office beginning April 1, 2007. 1. The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: **CORRESPONDENCE ADDRESS** Place Customer Number **Customer Number** Bar Code Label here OR Firm or Individual Name Address Address City State ZIP Country Telephone Fax This request is enclosed in triplicate. Scott R. **Boalick** Name Signature Date March 30, 2007

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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